Amendment to the Specification:

On pages 16-17, please replace the paragraph bridging pages 16-17 with the following rewritten paragraph:

As far as that goes, therapy of acute pulmonary edema according to the invention is carried out symptomatically and effect-oriented. The frequency of administration of the chemically modified high molecular weight crosslinked hemoglobin, as explained, is between once and an arbitrary maximum value dependent on the outcome. Multiple administration can be according to schedule or controlled by need, regularly or irregularly. The individual dose is governed by the desired therapeutic concentration in the blood plasma and takes into account hemoglobin hyperpolymers already (or still) present in this body compartment, so that a maximum concentration of hemoglobin hyperpolymers in the blood plasma of about 50 to 60 g/L, already unwanted for other reasons, especially the increased viscosity of the blood plasma, is again exceeded only with consideration of the result of an especially cautious and critical risk-benefit analysis for the patient. The initial therapeutic concentration in the blood plasma ($c_mHb(PL)$) achievable after administration can be estimated from the following equation from the administered dose of hemoglobin hyperpolymer (mHb) and the volume fraction of erythrocytes in the blood (the hematocrit Hkt), and the body weight of the patient (KG):

~~$c_m Hb(PL) = mHb \bullet (BV \bullet KG \bullet (1 - Hkt))^{-1}$~~

$c_m Hb(PL) = mHb \bullet (BV \bullet KG \bullet (1 - Hkt))^{-1}$

using 60.5 mL/kg (KG) (57 ... 64 mL/kg (KG) as an average value for the blood volume (BV) for women and 69.5 mL/kg (KG) (69 ... 70 mL/kg (KG)) for men.